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PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0851-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Attorney Docket No.

UTILITY PATENT APPLICATION **TRANSMITTAL**

First Inventor or Application Identifier Shigeto Igarashi

SIGNAL AMPLIFYING CIRCUIT IN CCD CAMER

Chiy for new f	nortprovisional applications tinder 37 C.F.H. § 1.53(b), Express	. Mail Label No. EL40390330105			
	APPLICATION ELEMENTS papter 800 concerning utility patent application contents.	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC, 20231			
1. X (S) 2. X Sp (p) - C - S - F - E - E - C - A 3. X Or 4. Oath or (repter 600 concerning utility patent application contents. Fee Transmittal Form (e.g., PTO/SB/17) Total Pages 13] Descriptive title of the Invention Cross References to Related Applications Statement Regarding Fed sponsored R & D Reference to Microfiche Appendix Background of the Invention Brief Summary of the Invention Cross References to Related Applications Statement Regarding Fed sponsored R & D Reference to Microfiche Appendix Background of the Invention Brief Description of the Drawings (if filed) Detailed Description Claim(s) Abstract of the Disclosure Tawing(s) (35 U.S.C. 113) [Total Sheets 5] Declaration [Total Pages 3] X Newly executed (original or copy) Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).				
FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT If ONE FILED IN A PRICE APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: Continuation Divisional Continuation-in-part (CIP) of prior application No: Prior application information: Examiner For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.					
	17. CORRESPONDEN	CE ADDRESS			
Customer Number or Bar Code Label (Insert Customer No. or Atlach bar code label here)					
Name	David O'Reilly				
Address	Address 1800 Bridgegate Street, Suite 200				
City	Westlake Village State	CA Zip Code 91361			
Country	U.S.A. Telephone (805)446-2759 Fax (805)446-2869			
Name (PrintType) Dayid O'Reilly	Registration No. (Attorney/Agent) 26,102 / Date 1/25/2006			



PTO/SB/17 (2/98)
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FEE TRANSMITTAL Palent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMEN	TOTAL	AMOUNT	OF PAYMENT
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(\$)	424.	00

Complete If Known			
Application Number			
Filing Date			
First Named Inventor	Shigeto Igarashi		
Examiner Name			
Group / Art Unit			
Attorney Docket No.	2811		

METHOD OF PAYMENT (check one) FEE CALCULATION (continued))	
The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit	3. ADDI Large Enti Fee Fee Code (\$)	ity Smal	l Entity Fee	,	escription	Fee Paid
Account 15-0640	105 130		65	Surcharge - late fil	ing fee or oath	
Number Deposit Account David O'Reilly	127 50	227	25	•	rovisional filing fee or	
Name	139 130	139	130	Non-English speci	fication	
Fee Required Under 37 CFR § 1 18 at the Mailing	147 2.520			For filing a reques	t for reexamination	
37 C.F.R. \$5 1 16 and 1 17 of the Notice of Allowance	112 920	-	920*	Requesting publication of SIR prior to		
2. Payment Enclosed: Check Money Other	113 1,840			Examiner action Requesting publication Examiner action	ation of SIR after	
	115 110	215	55	Extension for reply	within first month	
FEE CALCULATION	116 400	216	200	Extension for reply	within second mont	h
1. BASIC FILING FEE	117 950	217	475	Extension for reply	within third month	
Large Entity Small Entity	118 1,510	0 218	755	Extension for reply	within fourth month	
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	128 2,060	0 228 1	.030	Extension for reply	within fifth month	
101 790 201 395 Utility filing fee 345	119 310	219	155	Notice of Appeal		
106 330 206 165 Design filing fee	120 310	220	155	55 Filing a brief in support of an appeal		
107 540 207 270 Plant filing fee	121 270	221	135 Request for oral hearing			
108 790 208 395 Reissue filing fee	138 1,510	0 138 1	,510	Petition to institute	a public use procee	ding
114 150 214 75 Provisional filing fee	140 110	240	55	Petition to revive -	un <i>a</i> voidable	
SUBTOTAL (1) (\$) 345.00	141 1,320	0 241	660 .	Petition to revive -	unintentional	
2. EXTRA CLAIM FEES	142 1,320	0 242	660	Utility issue fee (or	rreissue)	
Fee from Extra Claims below Fee Paid	143 450	243	225	Design issue fee		
Total Claims 16 -20** = 0 X 9 = 0	144 670	244	335	Plant issue fee		
Independent 4 - 3** = 1 × 39 = 393	122 130	122	130	Petitions to the Co	mmissioner	
Multiple Dependent	123 50	123	50	Petitions related to provisional applications		
**or number previously paid, if greater, For Reissues, see below	126 240	126	240	Submission of Info	ormation Disclosure S	Strnt
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	581 40	581	40		atent assignment per mber of properties)	40.00
103 22 203 9 Claims in excess of 20	146 790	246	395	Filing a submissio	n after final rejection	1-3.00
102 82 202 39 Independent claims in excess of 3	149 790	249	395	(37 ČFR 1.129(a))		
104 270 204 135 Multiple dependent claim, if not paid	148 /90	249	393	For each additions examined (37 CFF		
109 82 209 41 ** Reissue independent claims over original patent	Other fee (s	specify)	 			
110 22 210 11 **Reissue claims in excess of 20 and over original patent	Other fee (s	specify)				-
SUBTOTAL (2) (\$) 39.00	'Reduced t	oy Basic	Filing	Fee Paid S	UBTOTAL (3)	40.00
SUBMITTED BY	SUBMITTED BY / Complete (if applicable)				applicable)	
Typed or Printed Name David O Reilly	s/l			1	Reg. Number	26,102
Signature /	<u>//</u>		Date	1/28 Pour	Deposit Account User ID	15-0640

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